



Student Volunteer Parental Approval Form

Name of the Student _____

Please Print

My signature below acknowledges that I hereby give permission to my son/daughter to volunteer his/her services at the Buffalo City Mission.

Signed _____

Parent or legal Guardian

Emergency Contact Information: Name: _____

Contact information: Cell number _____

Home number _____

Date _____

Group Information (if applicable)

Group Name: _____ Group Leader _____

Please mail or fax completed Parental Approval Form to:

Buffalo City Mission
Attn: Manager of Volunteers
100 E Tupper Street
Buffalo, NY 14203
Phone: 716-854-8181 X 408
Fax: 716-854-7334
Email: scervi@buffalocitymission.org